

# **Therapeutic Positioning<sup>1</sup>**

**For Persons With Multiple Severe &  
Profound Disabilities**

<sup>1</sup> Centers for Medicare & Medicaid Services. (2009). Focused ICF/MR Training. Baltimore, Maryland.

# Therapeutic Positioning

## *What Is It?*

The physical placement of an individual's body into a position which:

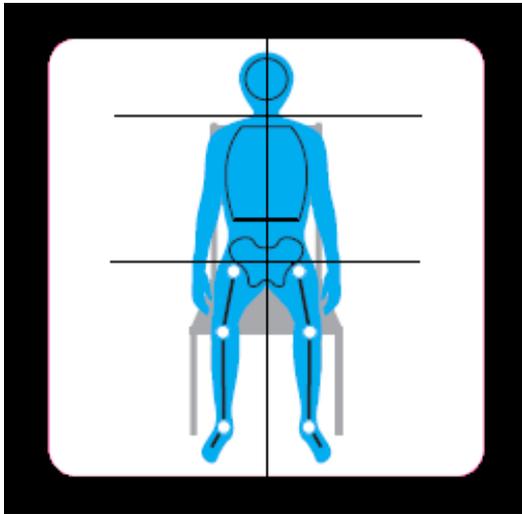
- Promotes increased mobility and flexibility
- Provides off-loading and pressure relief
- Decreases contractures
- Eases/improves respirations
- Aids digestion and stomach emptying

# Therapeutic Positioning

*Can:*

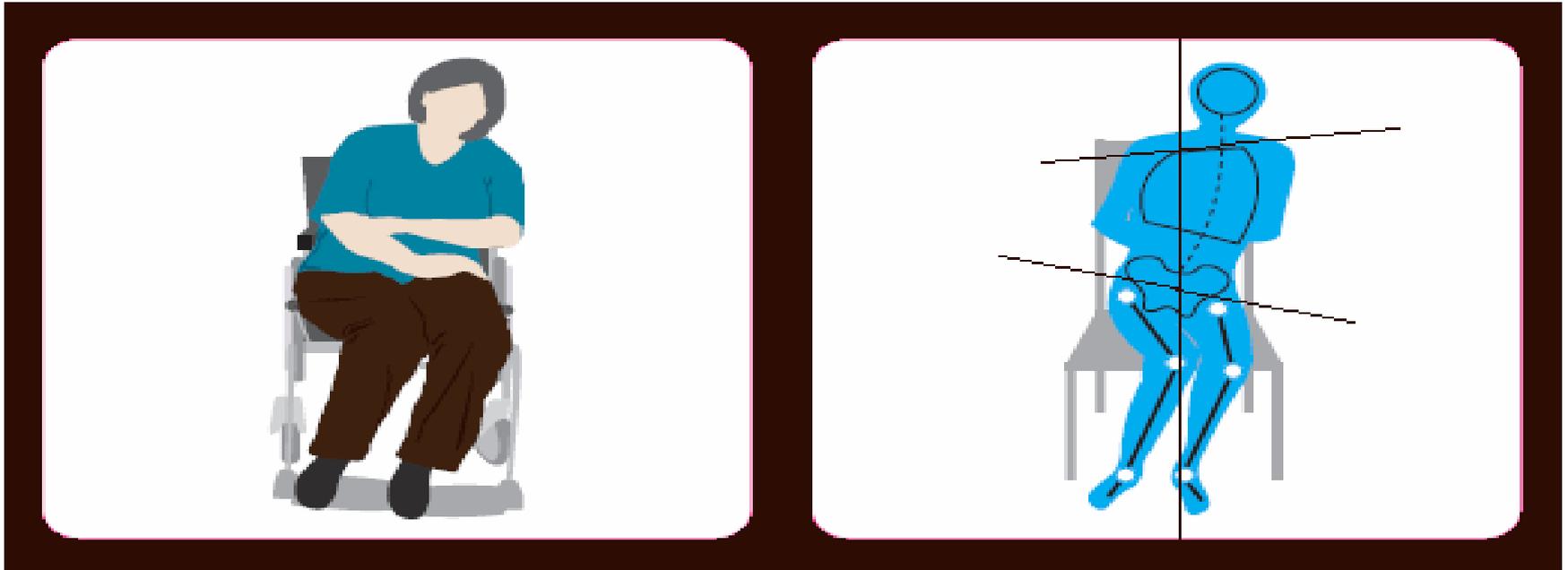
- Prevent the development of contractures
- Reverse some contractures
- Alleviate detrimental pressure on internal organs and increase circulation
- Increase individuals ability to interact with their environment, peers, and community

# Proper Alignment



Proper alignment is achieved when the individual is symmetrically balanced with hips and shoulders in alignment.

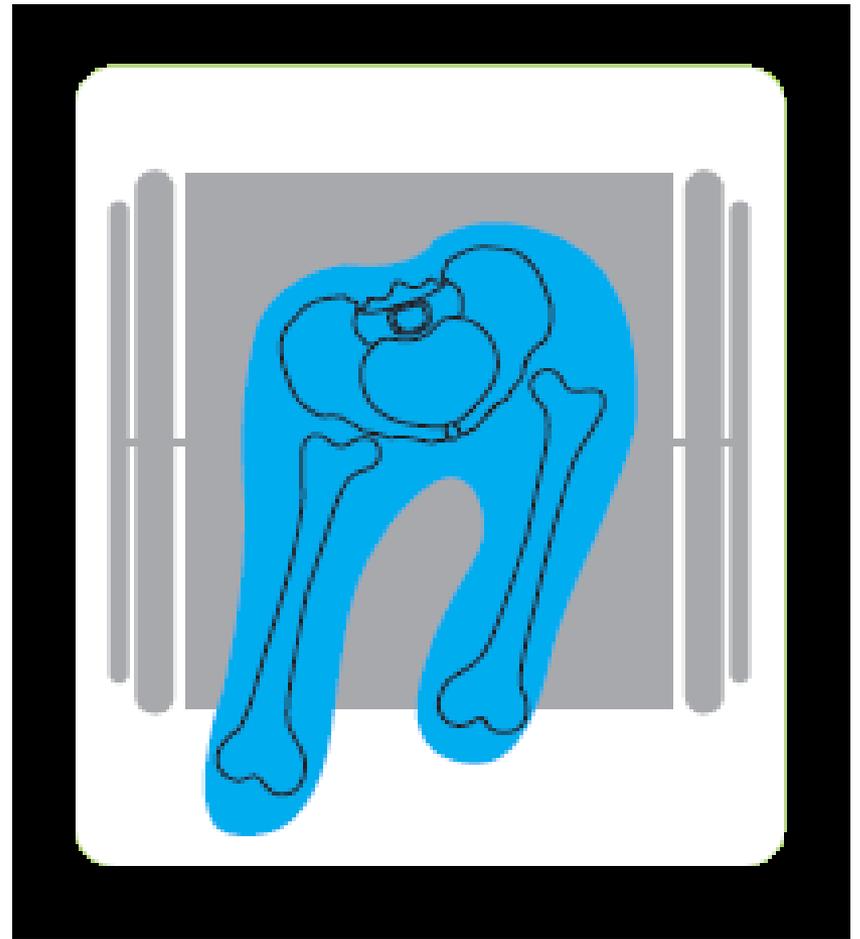
# Proper Alignment



For some individuals, independent proper alignment is not achievable. For these individuals, assistive positioning devices may be required.

# Proper Alignment

When assessing alignment issues, individuals must be looked at from all angles to ensure all positioning needs are addressed.



# Proper Alignment



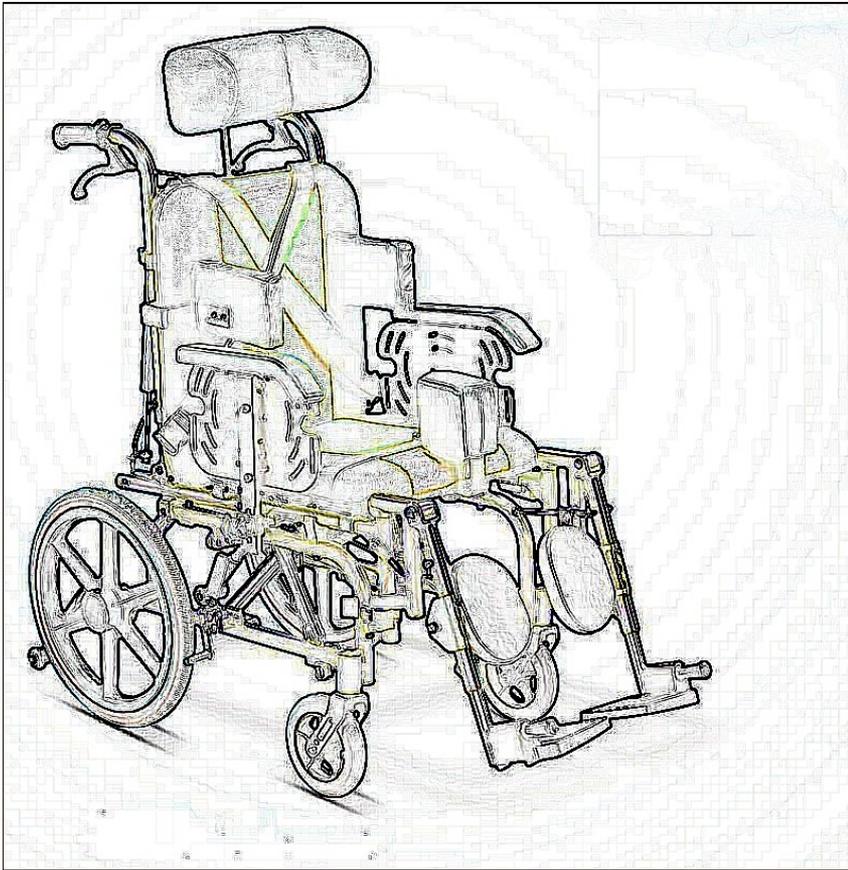
When working with individuals who utilize assistive devices for positioning and mobility, constant monitoring for proper alignment should be made. If it doesn't look comfortable, it probably isn't.

# Proper Alignment



Some alignment issues may be as simple as ensuring equipment, such as the foot rests on an individual's wheelchair, is properly installed.

# Therapeutic Positioning



We live in an age where appropriate therapeutic positioning is achievable for all individuals. For example, wheelchairs can be equipped to meet individual positioning needs.

# Therapeutic Positioning: Questions to Ask

- For individuals who use wheelchairs, is their body in symmetrical alignment?
- Do individuals with musculoskeletal deformities stay two hours or less (except during sleep) in any one position?
- Has the individual been evaluated by a physical or occupational therapist who has then written a daily therapeutic positioning program for the individual?

# Therapeutic Positioning

## Ease of Support Checklist

- Is there adequate support to stabilize the pelvis in a slight anterior tilt?
- Is firm cushioned support needed under the seat and back to prevent “caving in?”
- Is support needed on either side of the trunk to keep it aligned?
- Is support needed for the person’s head?
- Is support provided under the forearms (armrest or lap-tray)?
- Is additional support needed on either side of the knees?
- Is additional support needed for the shoulders (e.g., pad, shoulder harness)?
- Are there foot supports to keep the base of support evenly distributed across the person’s thighs and feet.

# Therapeutic Positioning

## Ease of Support Checklist

*If a review of these questions indicates the individual's positioning devices are not meeting their needs, reassessment by a qualified professional is needed.*

# Therapeutic Positioning

How important is it?

For the individual being served – very!

Therapeutic positioning, when properly assessed and implemented, not only provides comfort and support to the individual, but can create life altering changes for the individual.

# Therapeutic Positioning:

## Things to Consider

- The overall body position used to promote maximum participation in a particular activity.
- The position of instructional materials used in an activity.
- The position of peers and staff during the activity.

# Therapeutic Positioning

Options that are not always considered include:

- Position
- Materials
- Location

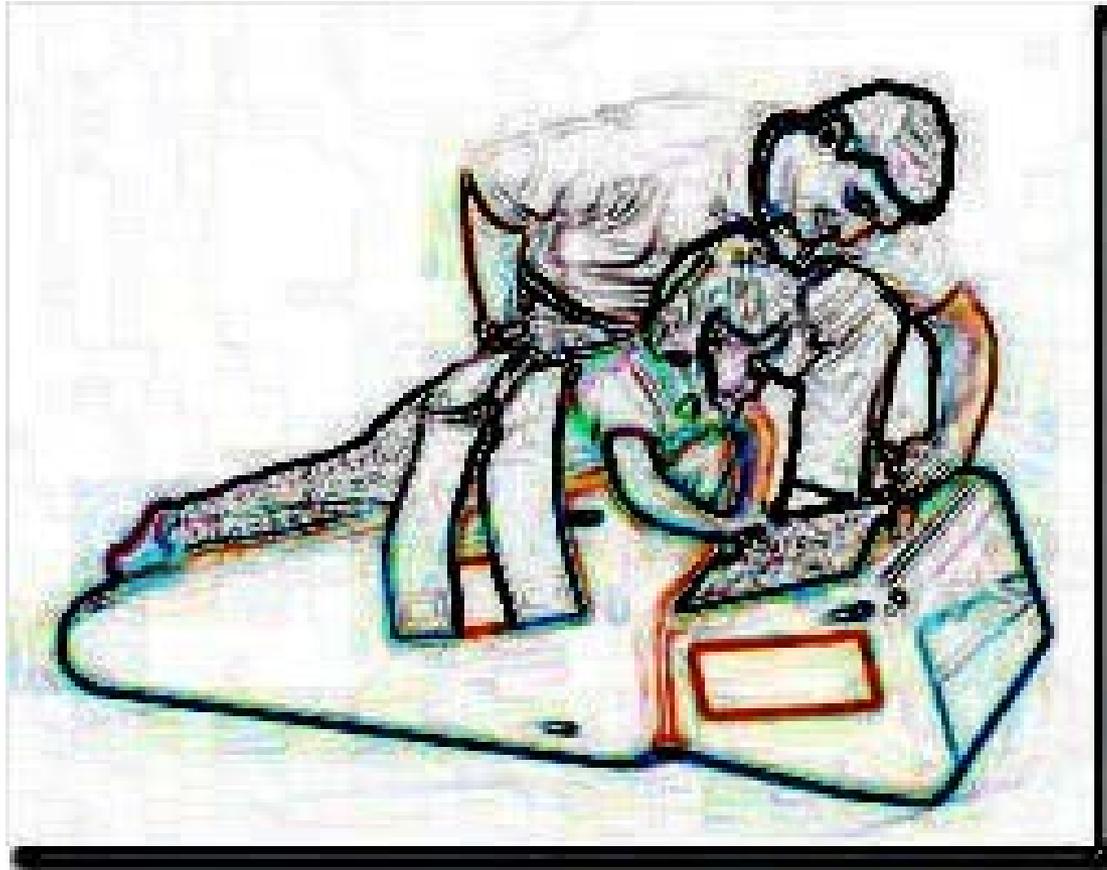
# Therapeutic Positioning

## Considerations for Tasks

- The position selected for the individual is matched with the task to be performed.
- Task materials are positioned in ways that enable the individual to access those materials both visually and physically.
- The relative location of peers and staff are conducive and supportive of interaction and programming as needed.

# Therapeutic Positioning

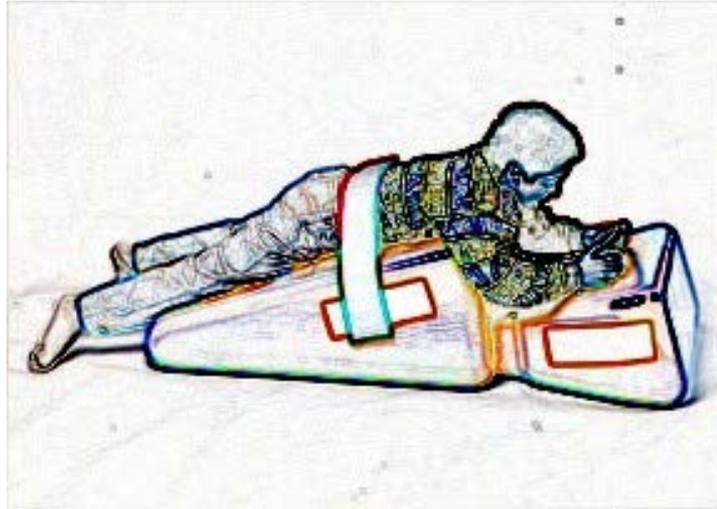
## *Prone Wedge<sup>2</sup>*



Updated 4-10-20 Bureau of Facility  
Standards

# Therapeutic Positioning

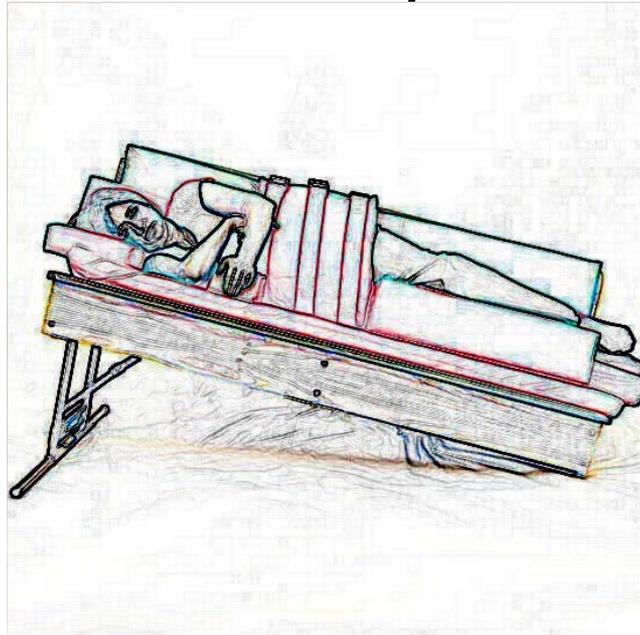
## Prone Wedge



- Pelvis level and flat on the resting surface.
- Head and trunk straight.
- Navel, knees and toes pointing directly down.
- Face turned to one side and resting comfortably on a firm support if the individual does not have some components of head control.
- Knees and ankles slightly bent with support and separated.

# Therapeutic Positioning

## Sidelyer<sup>2</sup>



- Back support to maintain side-lying position.
- Straps across midsection to keep person in position.
- Cushion/block for leg support.
- Appropriate height support under head.
- Can be used to assist with emptying the stomach.

# Therapeutic Positioning

## *Standing boards<sup>2</sup>*



Supine standing:

- Allows for pressure relief and off-loading
- Increases eye-level interaction with the environment

# Therapeutic Positioning

## *Standing boards*



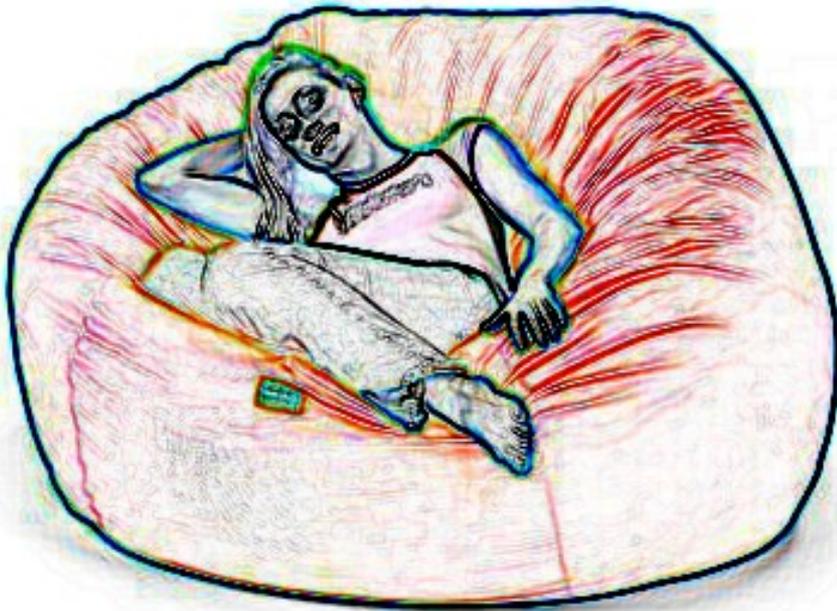
Prone standing:

- Allows for pressure relief and off-loading
- Increases eye-level interaction with the environment

# Therapeutic Positioning

## *Bean Bag Chairs*

Not all positioning devices and ideas are created equal. Once believed to be a beneficial device for off-loading pressure (and still frequently seen in ICFs/IID), bean bag chairs are **NOT** appropriate for most individuals.



# Therapeutic Positioning

## *Bean Bag Chairs*

With no ability to provide controlled support, bean bag chairs allow individuals to revert to their “natural” state of positioning, thus reinforcing contractures and potentially undoing corrections made by proper therapeutic positioning.



# Therapeutic Positioning

Remember:

- Therapeutic Positioning can enhance or impede the way an individual engages in other tasks, such as communication, eating, and toileting. Always consider:

# Therapeutic Positioning

## Communication

- How does the individual make wants/needs known?
- How does the individual let people know they are hurt or in pain?
- Do all the staff communicate the same way with the individual?
- Do people communicate with the individual about everyday things?
- How does positioning impact the individual's ability to communicate?

# Therapeutic Positioning

## Eating

- When the individual eats, is it pleasant to watch?
- Is the meal eaten in a relaxed non-hurried way?
- Is the food palatable and a consistency appropriate for the individual?
- If the person has trouble swallowing, has an eating protocol been developed based on swallowing studies and implemented by all appropriate staff?
- If the individual is fed by someone else, have all eating skill programs been exhausted?

# Therapeutic Positioning

## Toileting

- Are individuals time-trained?
- How responsive is staff to the individual's toileting needs?
- Do the toileting supports/services maintain the individual's dignity?

# Therapeutic Positioning

Regulations<sup>3</sup> Surveyors Will Assess

The individual program plan must identify mechanical supports to achieve proper body position, balance, or alignment. The plan must specify:

- W243: The reason for each support,
- W244: The situations in which each support is to be applied, and
- W245: A schedule for the use of each support.

# Therapeutic Positioning

## Questions Surveyors May Ask

- How does the team come to the conclusion that something else is more important than addressing communication, toileting, and eating during therapeutic positioning? What are the reasons? Do they make sense?
- What does the assessment say – does it deal with deficits in communication, toileting, positioning, and eating or does it ignore these areas?
- Does the information obtained in observations, interviews and record reviews match?

# Therapeutic Positioning

Remember:

Positioning is not a goal – it is a methodology.

# References

<sup>1</sup> Centers for Medicare & Medicaid Services. (2009). Focused ICF/MR Training. Baltimore, Maryland.

<sup>2</sup> Pictures retrieved and modified from:

- Prone Wedge: <http://www.especialneeds.com/seating-positioning-positioning-rolls-wedges-therapy-wedges.html>
- Sidelyers: <http://www.flaghouse.com/GiantLeaps/Positioning/SideLyers-PN=1&navlink=true>
- Supine Stander: <http://www.rifton.com/products/standing/supinestanders/>
- Prone Stander: [http://www.ilcnsw.asn.au/minor\\_groups/260/grid/3](http://www.ilcnsw.asn.au/minor_groups/260/grid/3)

# References

<sup>3</sup> *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities*. Retrieved from [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_j\\_intermcare.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermcare.pdf)

*Send your comments or questions to  
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